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In re application of: Reidhaar-Olson, John F.

Application No.: 09/489,220

Filed: January 21, 2000

Group Art Unit: 1655

For: TOXICANT-INDUCED DIFFERENTIAL GENE
EXPRESSION

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Amendment

Attorney Docket No. 16528A-038900US

Client Ref No. 2097

Date: September 1, 2000

I hereby certify that this is being deposited with the United States
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

Signed: Connie Karna

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SEP 12 2000

TECH CENTER 1600/2900

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Preliminary Amendment and Response to Restriction Requirement.
- ☒ Communication under 37 C.F.R. §§ 1.821-1.825 and Amendment.
- ☒ Copy of Notice to Comply with Requirements for Patent Applications Containing Nucleotide Sequence and/or Amino Acid Sequence Disclosures.
- ☒ Diskette containing computer readable copy of Sequence Listing.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	*	MINUS	** 20	=	0
INDEP.	*	MINUS	*** 3	=	0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY	
RATE	ADDIT. FEE
x \$9.00 =	
x \$39.00 =	
+ \$130.00 =	
TOTAL ADDIT. FEE	

OR

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
x \$18.00 =	\$0.00
x \$78.00 =	\$0.00
+ \$260.00 =	
OR TOTAL	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[] Claims fee \$ _____

[X] Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

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